

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6613

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1294</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4413 Wabash</b>				d. STREET ADDRESS (If rural, give location) <b>32 4413 Wabash</b>			
3. NAME OF DECEASED (Type or Print) <b>Lorene</b>		a. (First) <b>C.</b>		b. (Middle) <b>Planthold</b>		c. (Last) <b>2/7/50</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>2/7/50</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Nov. 24, 1892</b>		9. AGE (In years last birthday) <b>57</b>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>----</b>			
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Robert F. Bailey</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Redmond</b>		14. NAME OF HUSBAND OR WIFE <b>Adolph</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>----</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Adolph Planthold--4413 Wabash</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atelectasis of Lungs</b> DUE TO (c) <b>Ovarian cyst</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____			
19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>2/6X</b>		21f. HOW DID INJURY OCCUR? <b>2/6X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:15 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Patricia E. Taylor</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>2-9-50.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>2/9/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL <b>FEB 9 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Rosser</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Nelder</b>		ADDRESS <b>3634 Gravois</b>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Delia J. Krupar*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*3497*

P. O. Address.....

*3634 Graven*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.